



**Missouri Department of Health and Senior Services**

P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010  
RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2966 VOICE 1-800-735-2466

Gail Vasterling  
Director



Jeremiah W. (Jay) Nixon  
Governor

**Missouri Department of Health and Senior Services Breath Alcohol Program**

***SIMULATOR CALIBRATION REPORT***

This is to certify that the simulator listed below has been examined and tested using standards traceable to the National Institute of Standards and Technology (NIST) in accordance to the standards set by the Rules of Missouri Department of Health and Senior Services, 19 CSR 25-30.

**SIMULATOR INFORMATION**

Agency:	<u>Missouri State Highway Patrol</u>
Serial Number:	<u>MP2053</u>
Manufacturer:	<u>Guth</u>
Model Number:	<u>12V500</u>

**CALIBRATION RESULTS**


<u>Reference Temperature</u>	<u>Simulator Temperature</u>
34.01	34.03

This calibration was performed with  
NIST-Traceable Thermometer SN: 306168

This simulator was tested by: JLC

This testing was performed: 12/10/15

This certification expires: 12/10/16

Signature of certifying DHSS Scientist: 

Name of certifying DHSS Scientist: Ellen R. Strawsine



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**BREATH ALCOHOL SIMULATOR TEST WORKSHEET**

Test Simulator Information

Agency: Missouri State Highway Patrol  
Email for COC: Jimmy.cleveland@mshp.dps.mo.gov  
Serial Number: MP2053  
Manufacturer: Guth  
Model Number: 12V500

NIST-Traceable Reference Thermometer Information

Serial Number: 306168  
Date of Certification: 08/13/2015  
Date of Expiration: 08/13/2016

Test Simulator Measurements

Readings	Reference Thermometer	Test Simulator
1	34.01	34.03
2	34.01	34.03
3	34.01	34.03
4	34.01	34.03
5	34.01	34.03

Bias ( $\delta r$ ): + .02

Technician performing testing: Jimmy Cleveland

I hereby certify that all data submitted with this form was collected in accordance with the DHSS Procedure for the Testing of Breath Alcohol Simulators and 19 CSR 25-80.051, Breath Analyzer Calibration and Accuracy Verification Standards.

Signature: [Signature] Date: 12-10-15

Submit completed forms for simulator certification to DHSS Breath Alcohol Program by fax at (573) 840-9139 or by email at [brian.hutner@health.mo.gov](mailto:brian.hutner@health.mo.gov) or [breathalcohol@health.mo.gov](mailto:breathalcohol@health.mo.gov).

COPY OF LABEL PLACED ON SIMULATOR

This simulator has been calibrated according to NIST's specifications  
SIMULATOR SERIAL NO.: MP2053  
EXPIRATION DATE: 12-10-16  
DATE OF CALIBRATION: 12-10-15  
NIST REF. THERM. SERIAL NO.: 306168  
AVERAGE SNT TEMP: 34.03  
ANALYST INITIALS: JLC

[www.health.mo.gov](http://www.health.mo.gov)

Healthy Missourians for life.

The Missouri Department of Health and Senior Services will be the leader in promoting, protecting and partnering for health.

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER: Services provided on a nondiscriminatory basis.